



Physical Therapy Meniscal Repair - Complex
Post-Operative Therapy Plan

Primary Surgery: **Meniscal Repair**
 ___ **Medial**
 ___ **Lateral**

Secondary Procedures: _____

Date of Surgery: _____

Surgeon: _____

Date of Injury: _____

WB Precautions: Flat Foot touch down using crutches with brace locked in extension 6 wks, WBAT with or without crutches with brace from 0-90 deg at 7-8 wks

Brace use for ambulation: Locked in extension x 6 wks, unlocked 0-90 at 7-8 wks when WB

Precautions: Weight bearing restrictions as above
ROM limited from 0-90 in NWB position x 6 wks
Hold bike x 6 wks

Next Follow Up with MD/PA: _____

Please print below chart and use check list as progress note for MD.

This therapy plan provides a synopsis of guidelines for recovering from sports-related surgery with St. Luke's Sports Medicine. It is provided as an educational resource. Individual circumstances vary and these plans cannot replace the advice of a medical professional.

Ideally patients should achieve the following milestones before advancing to the next stage.

	Intervention	Milestones
Week 1-6	Ice/modalities to decrease pain and inflammation. Compression and elevation for swelling. Patellar mobilization. NMES/BFR highly encouraged for quad activation. Flat foot weight bearing with brace locked in extension. Portal/incisional mobilization as needed. Prioritize activities to get full hyperextension. Begin bike at 6 weeks.	<input type="checkbox"/> Full hyperextension <input type="checkbox"/> AROM/PROM= 0-90 <input type="checkbox"/> Active quadriceps contraction <input type="checkbox"/> No quad lag with SLR in full hyperextension
Weeks 7-8	WBAT with brace 0-90 deg. Aquatic therapy/walk/jog when wounds heal (start at chest level). Progress bike. Bilateral CKC exercises (mini-squats/proprio).	<input type="checkbox"/> Flexion motion continually progressing <input type="checkbox"/> Full extension/hyperextension.
Week 9	Initiate elliptical. Progress strengthening & proprioception to unilateral as tolerated, step ups in pain free range.	<input type="checkbox"/> Reciprocal stair climbing <input type="checkbox"/> Flexion ROM gradually increased
Week 10-13	Initiate gym strengthening to include light open chain activities if tolerated. No CKC exercises past 90 deg.	<input type="checkbox"/> Continue to increase flexion ROM to full <input type="checkbox"/> Bilateral squat without pain to 60 degrees <input type="checkbox"/> LQYBT initiated as exercise
Week 14-15	Plyometric progression initiates (*see above). Run progression can start if single and double leg hopping is tolerated and with safe form.	<input type="checkbox"/> Double leg hop cycle without pain/with control <input type="checkbox"/> Single leg hop cycle without pain/with control <input type="checkbox"/> LQYBT Asymmetries < 15 cm; composite score >75% <input type="checkbox"/> CKC Dorsiflexion >35 and <5 deg asymmetry
Week 16	Run progression continued. Initiate light, controlled agility and progress plyometrics as tolerated. Progress appropriate gym strengthening program.	<input type="checkbox"/> Prone knee flexion within 90% of uninjured <input type="checkbox"/> LQYBT Asymmetries < 10 cm; composite score >85%
Week 17-20 (4-5 mo)	Continue aggressive LE strengthening & cardiovascular training. Implement low intensity sports specific drills. Incorporate jump prep (countermovement) drills. Gradually advance plyometrics from bilateral to unilateral as tolerated. Progress from easy low speed cutting, jumping, plyometrics. Minimum timeframe for return to sport testing based on physician approval.	<input type="checkbox"/> Maintaining gains in strength (>=90%) <input type="checkbox"/> Equal Flexion AROM/PROM in prone <input type="checkbox"/> LQYBT Asymmetries < 5 cm anterior, <6 cm PM and PL; composite score >94% <input type="checkbox"/> Hop Testing LSI >85% if tested <input type="checkbox"/> FMS Composite Score >14
Week 24-32 (6-8 mo)	Continuation and progression of above. - Include deceleration activities. Higher level plyometrics, initiate more aggressive sport specific drills, evaluate form under fatigue.	<input type="checkbox"/> Hop Testing LSI ≥ 95% <input type="checkbox"/> FMS Composite > 14 and no 0's or 1's
Week 36-48 (9-12 mo)	Higher level plyometrics, initiate more aggressive sport specific drills, evaluate form under fatigue.	<input type="checkbox"/> Hop Testing LSI ≥ 95% <input type="checkbox"/> FMS Composite > 14 and no 0's or 1's <input type="checkbox"/> Hop Testing LSI at 95% or better after fatigue protocol (Borg Scale 15 or greater)

When patient is discharged and returned to play, 12 month f/u with the surgeon to be scheduled. Prior to follow up, repeat functional testing. Can be scheduled with St. Luke's Rehab by calling 208-385-3720.

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Functional Strength Testing (Start week 10): For functional strength testing use the [Lower Quarter Y Balance Test](#). This test compares side to side reaching in 3 different directions and also compares the reaches to limb length. Passing the LQYBT is not expected until 6-8 months post op but can be safely used as an exercise to improve strength, proprioception, mobility and coordination starting at week 10. [Lower Quarter Y Balance Test Score Sheet](#).

Plyometric progression to include Running (Week 14 to Discharge)

- No running until double and single leg hopping are shown to be tolerated well and with good form

[Double leg hop cycle x 2 weeks](#)

[Single leg hop cycle x 2 weeks](#)

[Begin running progression](#)

[Teach jump prep \(countermovement drills\)](#)

Higher intensity plyometric exercises (incorporate practice of hop testing)

Implementation of sport specific multi-directional and reactive drills

Return to Play (RTP)/Discharge Time Lines and Criteria:

-Functional Testing – minimum of 4 months with physician approval *(discharge potential if non-athlete)*

- **FMS > 14 with no 0's or 1's**
- **Lower Quarter Y Balance Test:**
 - o < 5 cm asymmetry in all 3 reaches
 - o > 94% Composite Score
- **Hop Testing: ≥ 95% Limb Symmetry Index**
 - o Single Hop for distance
 - o Triple Hop for distance
 - o Triple Crossover Hop for distance
- **Closed Kinetic Chain Dorsiflexion**
 - o >35 degrees bilaterally
 - o < 5 degrees of asymmetry

-Return to Sport Testing for Athletes – minimum of 4 months with physician approval

Meet above standards in fatigued state. Recommend Borg scale rate of perceived exertion at 15.

Fatigue patient in movements similar to sports demands

Other functional testing can be included: tuck jump assessment, isokinetic testing, single leg squat, etc.